CMS ILLINOIS
DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

FSA CHANGE IN STATUS CERTIFICATION FY ___

Section 1 – Employee Information

Social Security Number　　　　　　*Last Name*　　　　　*First*　　　　　*Initial*

(The request for change in coverage must be initiated within 60 days of the change in status event.)

Section 2 –Type of Transaction

☐ Mid-Year Enrollment/New Hire* **If new hire, hire date**:_____

(A change in status event has occurred that will allow the participant to enroll in Flex outside of the normal Benefits Choice time.)

☐ Change in Status Event* (A change in status event has occurred that will allow the participant to change the current Flex account i.e.: ☐ Increase/Decrease Deduction amt, ☐ Add/Delete dependent(s).)

☐ Revocation

*Requires completion of Enrollment/Transaction Form

Section 3 - Eligible Event (Circle One)

01. Birth and adoption of dependent

02. Marriage

03. Divorce, legal separation, annulment

04. Death of dependent or spouse

05. Dependent becomes ineligible

06. Dependent becomes eligible for coverage

07. Change of county of residence/worksite for employee or spouse

08. Judgment, decree, or court order

09. Entitlement to Medicare or Medicaid

10. Employee Commencement of employment

11. Employee Returning from leave of absence

12. Employee Changing employment status - full-time to part-time < 50%

13. Employee Changing employment status – part-time <50% to full- time

14. Spouse or Dep Commencement of employment

15. Spouse or Dep Termination of employment

16. Spouse or Dep Returning from leave of absence

17. Spouse or Dep Changing employment status - full-time to part-time

18. Spouse or Dep Changing employment status – part-time to full-time

19. Employee entering leave of absence

20. Spouse entering leave of absence

21. Change in the cost of care

22. Employee Termination of employment/Death

Section 4 – Certification

I certify that the above eligible change in status event occurred on _____/_____/_____.

Employee Signature: _____ **Date** _____/_____/_____

Return the completed form to your Group Insurance Representative.